



KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS
Peer Review Committee

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CHIROPRACTIC PEER REVIEW
CHIROPRACTOR'S RECORDS CERTIFICATION

Pursuant to the requirements for the submission of Claims for Peer Review, I HEREBY CERTIFY that I have attached all records pertaining to Peer Review Case # _____ to be submitted to the Peer Review Committee for consideration during its review of this case.

In the event you do not have any further records to submit with regard to this case, please mark the appropriate space below:

_____ Records Attached to Certification
_____ No Additional Records Attached

(Signature of Chiropractor)

(Date Signed)